

An Essay
on
Dysentery
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By
J. Benson Woak
Rushville
New York

Dysentery

Perhaps there is no disease except Cholera that is more dreaded by mankind and especially by the medical profession than Dysentery.

Unlike Cholera, Yellow fever and Intermittents it is not confined to any special malaria, season or locality but is ever ready to make its appearance not only as a distinct disease but in complication with other diseases.

It will best be described under two heads, the mild or uncomplicated type which is usually found in temperate climates and that form usually met with in tropical climates.

It may be so mild as not to interfere with our usual avocations materially, causing but few stools per day.

with very little pain before and slight tenesmus, with an occasional admixture of blood, with very little loss of strength a peculiar commotion or working sensation in the bowels usually in the region of the Sigmoid flexure. There is usually some heat at the anus extending up the rectum. Sometimes causing severe tenesmus and there may be in this mild form traces of feculent matter dysuria is rarely present and dyspnoea never. In this form the disease is seldom fatal but may lay the foundation for the chronic form of this disease or else the system is often left with a morbid susceptibility to cold or other causes predisposing to subsequent attacks.

A more intense form of the disease may occur where dysentery is prevailing as an epidemic and is generally in the

severe forms preceded by diarrhoea in any climate or location or may be by derangements of the stomach and pain in the bowels, costiveness or vomiting which may exist for several days before the attack.

If these symptoms are promptly met there will be no dysentery.

As this disease may come on without any premonitory symptoms but its first appearance be that of rigor followed by fever with great pain before and severe tenesmus after stool and sometimes although rarely pain all the time between the stools in the abdomen and increased by pressure and if accompanied by fullness and tenderness of the abdomen it is a bad omen.

There is usually dysuria and frequently dyspnoea also want of appetite for solid food and great desire for liquid food.

and very great thirst while every thing which is taken causes great tormina and an irresistable desire to go to stool. If there is not relief soon afforded there will be very rapid prostration and death or a change to the chronic form will take place in from twelve to twenty four days from the beginning of the attack.

The tropical form or flux as it is often termed usually commences with diarrhoea with frequent discharges with an uncontrollable desire to strain over them. There is little or no change in the pulse, the heat of the skin and but little if any change of the tongue and the mind of the patient is always dwelling on his weakness or loss of strength, appetite diminished & much thirst and there is also constant pain in the

hypogastric region which may extend to one or both iliac and quite urgent and sometimes may be traced the whole length of the Colon. There is fullness and tenderness to pressure and internal heat. The stools as the disease advances become more frequent and smaller and composed mostly of mucus and blood and bloody serum. There is great deal of pain after stool, inability to pass the urine or suppression, great thirst and although the patient feels that water is an injury still he will drink. The tongue is white furred or florid smooth and glassy and trembling when thrust out. Skin either hot and dry or covered with profuse perspiration. The pulse may remain much the same or may be slightly accelerated.

or may be full and bounding without an increase and with a peculiar thrilling sensation to the touch and then the prognosis will be unfavorable, and great fear of death and much anxiety. The mind is apt to dwell upon things of minor importance and ^{he} desires to have his physician constantly with him, then the stools are involuntary and very offensive and often have some shreds of membrane mixed with them. Prolapsus ani, and sometimes large patches of the inner coat of the intestine are thrown off in a gangrenous state and death is usually the result.

Diagnosis

In forming the diagnosis of Dysentery the principle points are first a look of faecal discharges and

nothing but blood, mucus, pus or bloody serum looking like water in which beef has been washed.

These are seldom alone & except blood which may be almost clear but usually bloody mucus and as the disease advances mixed with pus although the discharges depend very much upon external exciting causes or the locality of the intestines in which the disease is seated. If it be in the small intestines the discharges will be of dark watery matter mixed with blood and mucus but when the colon or rectum is the seat of the disease there will be pure mucus & blood and in advanced stages of ulceration pus with much pain and a desire to remain a long time at stool and great tenesmus, each stool affords

temporary relief only. There is tenderness of the bowels on pressure and burning when urinating with inclination to be upon the back or on the side with the knees drawn up. There is yellowness of the skin, great weakness and loss of strength and a great desire to lie quiet.

As the disease progresses there are contracted features and expression cadaverous, the pulse sinks the pains abate or remit and the stools are involuntary cold sweats the pulse sinks syncope during stool followed by delirium which continues until death relieves the patient.

There is no danger of confounding this disease with any other unless it be with Cholera, Hæmorrhoids or Dysentery. The first of these resembles Dysentery some at its incipency but

Can soon be distinguished as the former runs its course much quicker and the discharges are alike but a short time and then the prevalence of Cholera should generally decide us

In Hemorrhoids there should be no trouble to the careful observer as the latter has no finer or cutting pains in the abdomen and the discharges though containing blood are natural & do not contain mucus and the discharges are otherwise natural containing natural faeces but there is much more difficulty in diagnosing between Diarrhoea & Dysentery as there is the same rapid expulsion of the contents of the bowels at first although sometimes there may be retention of the contents of the bowels in dysentery from the first.

There may be in both diseases
termina long continuous stool and
tenesmus. In both cases the inflamma-
tion produces the same result that
remains in dysentery and gives
rise to those peculiar discharges of
the latter disease and can be easily
distinguished from the alvine dis-
charges of Diarrhoea.

There is but little doubt but
the primary pathological condi-
tion are in all if not identical very
similar. The causes of dysentery are numerous.

Our American authors generally
agree (Allopathic I mean) that it is
a form of bilious remittent fever
and in sections where these fevers
are commonly developed we are
more apt to find dysentery than
in high and malarious

districts. It may be carried contagiously where the air is much confined as in prison ships, jails, camps, poor houses, hospitals &c and is often taken by persons using the same privy used by those suffering from this disease. Cachectic conditions, frequent abdominal diseases, constipation, scurvy &c may be predisposing causes to this complaint. Exciting causes may be cold, chills, sleeping on wet ground or exposure to cold damp night air, unripe fruit, while ripe fruit is considered healthy, in fact anything which has a tendency to cause diarrhoea may be the exciting cause of dysentery, hot weather, hot days & cold nights & sudden change of temperature.

It is much more prevalent in warm climates than temperate owing probably to the fact that the days are hot and the nights cool. We often see it in soldiers who have bivouacked on the damp ground who are sometimes attacked in numbers.

The Pathological conditions are numerous. If the disease has proven fatal in an early stage the inflammation has attacked only the mucous coats of the rectum and large intestines and gangrene setting in causes death but in more advanced periods the other coats of the intestines may be implicated and false membranes sometimes are found deposited on the mucous coat and may be in both large and small intestines but more usually

in the large ones. Gangrene recognized by its blackness or lividity and softness of the membrane. In chronic cases there is thickening of the tunics of the intestines and the bowel is contracted and ulcerated.

By ulceration the gut may become perforated and the contents escape causing fatal peritonitis.

Some authors incline to the opinion that the entire mucous coating of the abdominal organs are involved from the first of the inflammatory stage of the disease even the biliary and pancreatic ducts. This we do not think is always the case but it may be as the disease advances but not necessarily so from the origin of the disease but the disease may involve only the rectum and large intestine.

There is undoubtedly an engorgement of blood to some portion of the intestines as the rectum and a portion of the colon and nature sets to work to relieve as far as possible the irritation and therefore the liver and pancreatic secretions are stopped and the appetite for solid food is gone the rectum becomes very much constipated and nature in her efforts to expel the faeces and overcome this trouble hastens forward the contents of the small intestines and they pass the ilio caecal valve and are prevented from returning by this valve and as the rectum is so much contracted that it cannot be passed it is retained in the colon and from long retention the action of the inflamed coats of the colon the contents become

hardened and scybala are formed and the accumulation of this mass causing great amount of pain and death may be directly from this cause.

Section Cadaveris shows that there are ulcerations of the rectum and the lower part of the descending colon only but rarely does it extend to the ileum. Ulceration may extend so far before death as to perforate the intestines and the contents pass into the peritoneal cavity thereby causing fatal peritonitis. Owing to the rapidity with which the mucous membranes heal some of these ulcers may be found entirely or nearly healed while others are advancing and others have but commenced to develop that is they will be found in all the stages.

Prognosis

The prognosis will vary in reference to the time of the year, the climate, the locality and the complications with other diseases and constitutional condition of the patient. It is more severe and fatal during the hot months of July and August in low marshy districts and in warm climates, where there is abundant vegetation which is undergoing decomposition. When it follows or accompanies typhoid fever, when it prevails as an epidemic or when cholera is prevailing. The previous health of the patient. Young children pregnant females and old people. In females it is often the cause of abortion which may cause purpuræ fever and death.

A very severe attack shows

by a high state of inflammation and in the latter stages by the discharge being mixed with cast off epithelium, bloody water, gangrenous membranes, dark brown fluid having a cadaverous smell or having a coffee ground deposit. The regular evacuations of water resembling the washing of fish meat. This indicates the presence of *Seybela* in the colon which nature nor medicine can expel and must therefore result in exhaustion and death.

The pains increase or cease entirely and there is tympanitic state of the bowels, also hicough and vomiting.

The skin is cold, the pulse high and increasing, small and irregular, delirium and in protracted cases the inner coats of the rectum and lower part

of the colon sloughs & agnat & tent
Treatment -

This should be conducted on the basis of Homeopathy alone and in accordance with the law of Similia. A remedy should be selected that has an image corresponding to the image of the disease.

We should not allow our patient to die from accumulation of hardening faeces when we can remove them by mechanical or (as a last resort) relaxing injections and thereby relieving the patient although in ordinary cases this may be done or brought about by the little pellets.

While we do not approve of giving opiates as injections as this only numbs the sensibilities

and thereby destroys the reaction power of the system for the time being and in the secondary or debilitating effect of the opiates the disease progresses with renewed vigor and the patient sinks more rapidly than before. I do believe that we may remove the constipated condition of the rectum (in extreme cases only) by the use of Lobelia decoction as an injection or anything that may completely relax the marked contraction of the rectum thereby allowing the accumulated and hard irritating faeces to pass off.

The apartments should be thoroughly cleansed and ventilated the evacuations promptly removed from the room, they should also be kept cool and the patient warm and quiet.

The diet should be light, nutritious and unirritating. Vegetable diet is preferred and some kind of well ripened fruit - such as blackberries, grapes or whortleberries have often cured this disease.

There is some dispute as to the kind of drink whether it should be cold or moderately warm. We would leave it to the desires of the patient as to temperature & quantity.

Medical Treatment

Aconite should be given when the disease occurs in hot weather and cold nights. When the disease is marked by a severe chill much heat and thirst. The patient is of full habits the pulse is full strong and rapid face hot, red, more so at night.

with rheumatic pains in the
head neck and shoulders.
There is frequent small stools
with colic pains and loemina.

The evacuations are thin watery
sometimes mixed with mucus
and slightly tinged with blood
Urine hot and brown red. Also
when brought on by fright

Arsenicum when the disease is
caused by acastics or other debil-
itating medicines or by drinking
cold water particularly ice water.
Is good for those who are in the
habit of using spirituous liq-
uors or bad small liquors and fruit
or in persons of dropsical, nervous
or lymphatic constitutions and
with typhoid complications
Yellowish or pale face, hollow

cadaverous look. Lies on the back
and inclines to sink to the foot
of the bed with great restlessness
Eyes dull sunken, lips dry and
dark colored. Skin cool and bluish
as dry and shriveled breathing
short and oppressed. Pulse small
frequent and thready sometimes ir-
regular. Stools putrid and
offensive, slimy and generally
streaked with blood. Bad smell
of the mouth breath cold at the
same time he complains of burning
Caliginatio sweat, cannot sit up
sad and desponding, great anguish
irritable and impatient, loss of
consciousness and red and blue
spots appear

Chamamilla when the disease
was caused by a chill or sudden

check of perspiration, from violent grief, from difficult dentition and is especially adapted to women & children.

It has foul tongue, bitter taste in the mouth and nausea is good after aconite.

Chinua is good when dysentery is in malarious districts and assumes a periodical form and worse every other day. If there is fulness of the bowels and sauners below the ribs particularly on the left side and the person is naturally pale and weak.

The stools assume a black and putrid character.

Colocynthis, has severe pains in the bowels. They feel as though they were pressed together between stones.

Cramp like and colicky pains with inflammation of the whole abdomen. The evacuations are slimy bilious sometimes mixed with blood, the pains causing the patient to bend up double. The discharges may be greenish yellow or watery mucus with contractions of the rectum.

Pains are relieved by the stool but soon come on again especially from taking food or drink.

Tongue has only slight bitter taste with great desire for cold drinks.

Nausea and vomiting of bilious fluids

Pains in the head

Carbo Vegetabilis may be used for the same train of symptoms as Ipecacuan when the latter fails and if the disease is malignant with putrid stools great prostration also burning pains cold breath and surface.

Alumina has sad thoughts, joyless and despondency, anxiety, anguish and vague fears. Has tenesmus before stool and cannot pass water only at stool. Has bloody and slimy stools. Belladonna has full habits, lively disposition. Is good when a cure seems indicated but fails.

A tendency of the blood to the head, face red and hot, delirium in children who cry easily or women who are easily frightened.

Whitish tongue tips dry. Epas-
 mastic pains in the abdomen.
 Tenesmus with fidgets, urgi-
 ing to stool. Thirst and sleeplessness.
 Mercurius. This remedy is ap-
 propriate when the disease is
 located high up in the abdo-
 men or intestinal canal and
 no perspiration and dry skin
 and with yellowish color.
 Very offensive and peculiar breath.
 Tongue covered with a white
 thick tenacious mucus.

Distention of the upper part
 of the abdomen and urgent de-
 sire to evacuate as if the intestine
 were being pushed out and after
 much passing a discharge
 of light blood or greenish bro-
 ken up looking matter mixed

with blood and more straining
 after the stool than before with
 prolapsus of the rectum which
 is red and inflamed. Urine of a
 deep red or brown color and of
 fensive. The colic pains are cut-
 ting, gripping and very severe with
 chills, heat, thirst and anxiety.

Mercurius Corrosivus has an
 autumnal dysentery of violent
 and severe type and from cool
 nights after hot days, especially
 in marshy districts. Stools
 are very frequent and of bloody
 mucous or of chopped up greenish
 masses mixed with blood con-
 tinuing day and night and with
 almost constant cutting pain
 in the bowels with double ur-
 ging to stool and great tenesmus.

after stool. The pains like mercury are very severe often extending to the back with chills, heat, thirst and scarcely abating at all before they come on again with great severity. Sometimes there will be sanguineous mucus mixed with blood vomited a few few moments.

Nux Vomica. As dysentery usually has constipation as one of its symptoms this remedy may cure this disease by removing the constipation.

The patient will be impatient irritable, cross and passionate consequently find fault with every thing. Is also good for persons who use much alcoholic liquors or in the habit of drinking much coffee.

and now have an aversion to these things. Stools are frequent small consisting of bloody mucus and sometimes there may be scybala. Violent cutting pains about the umbilical region and the stomach and worse in the morning with intense heat, great thirst. Frequent small slimy stool with urging and tenesmus, passing on the rectum. Urine suppressed or in small quantities after many efforts.

Bitter putrid taste in the mouth, itching and vomiting, mind confused. Aggravation in the morning and tendency to hemorrhoids. It may be also good in chronic forms of dysentery which are caused by a relaxed condition

of the bowels and loss of tone
and stools offensive

Nitric Acid has constant passing
in the rectum with very slight
if any discharge. Stools bloody,
an dysenteric with tenesmus

Frequent stool consisting only
of slimy mucus. sometimes with
cutting in the abdomen with dis-

sent tenesmus with constant urging
to stool. Long urging and passing
with small fluid evacuations pass-
ing off with great difficulty.

Great heat, thirst, with intermitting pulse

The disease is only in the colon when
nitric acid is called for

Pulsatilla is good for fall dysentery
and some form of chronic disease

There are slimy discharges and
vomiting. The patient is sleepy

wants to sleep all day is of a mild
 gentle disposition, or if caused
 by fat food, with chilliness more
 in the evening and at night: has
 had fulsing in the head & a sense
 of tension in the abdomen with cutting
 pains and with bloody mucus stools
 and pain in the small of the back aggra-
 vated toward night: very bad taste
 in the mouth especially in the morn-
 ing. Acid or bitter eructation. Skin
 yellowish with prickling or numbness
 Rhue to x after a heavy cold or after
 being wet all over whilst in a warm
 state or in a perspiration or when typhoid
 symptoms appear and the patient is weak and
 becoming emaciated. If the discharges are
 bloody slimy, brownish or greenish and
 swim on the water. The stools are sangui-
 nous mucus often involuntarily without pain

or Tenesmus. In continuance of urine and
 great weakness and worse at night, aggra-
 vated by damp weather with chilliness
 at night and in the evening. The pains
 are relieved by moving and being kept
 warm & dry. The evening chill is followed
 by heat and excessive thirst, dejection & anxiety.
 Sulphur may be given when other
 remedies relieve but fail to cure or if
 latent miasm has had any influence on the
 disease or dormant psora in the system.
 If there is aversion solid food, as bread & meat
 or milk, small liquors & wine, sweet & sour
 things & wants their soup & alcoholic liquors.
 There will be heat in the head, cold hands & feet.
 The dysentery may be rightly with tenesmus
 or may only hasten the patient to stool in the
 morning as soon as he rises.

Veratrum has watery diarrhoeic discharge no te-
 nesmus cold surface, cold sweat - Cramping pains